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CONFIRMATION NO. 5139

<b>SERIAL NUMBER</b> 10/520,371	<b>FILING OR 371(c) DATE</b> 04/04/2005 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> ABL-007.1P US
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/GB03/02909 07/04/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0215621.4 07/05/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GBN	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

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**TITLE**

Recombinant poxvirus not having a functional 3beta-hsd gene

<b>FILING FEE RECEIVED</b> 1380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ). <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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